


FORM LM-3 LABOR ORGANIZATION ANNUAL REPORT

FOR USE BY LABOR ORGANIZATIONS WITH LESS THAN \$200,000 IN TOTAL ANNUAL RECEIPTS

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

For Official Use Only 	1. FILE NUMBER	2. PERIOD COVERED	3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here:
	505-312	MO DAY YEAR From 01 01 2004 Through 12 31 2004	(b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here: (c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here:

<p align="center">IMPORTANT</p> <p>Peel off the address label from the back of the package and place it here.</p> <p>If the label information is correct, leave Items 4 through 8 blank.</p> <p>If any of the label information is incorrect, complete Items 4 through 8.</p>	8. MAILING ADDRESS (Type or print in capital letters.)	
	First Name	
	"WILLIAM PFEIFFER 3 505-312 ENGINEERS, OPERATING, AFL-CIO 140	
	Last Name	LU 367 BREWERY WORKERS 1521 FARR ST SCRANTON PA 18504-1125
	P.O. Box	12/2004
	Number and Street	
4. AFFILIATION OR ORGANIZATION NAME		City
5. DESIGNATION (Local, Lodge, etc.)	6. DESIGNATION NUMBER	State ZIP Code + 4
7. UNIT NAME (if any)		
9. Are your organization's records kept at its mailing address? (If "No," provide address in Item 56.)		Yes <input checked="" type="checkbox"/> No

56. ADDITIONAL INFORMATION (If more space is needed, attach additional pages properly identified.)	
Item Number 14	UNITED STATES DEPT OF LABOR ALLISON WAGNER INVESTGATOR 215-861-4818

Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)

57. SIGNED: <u>Clarena D. Salinger</u>	PRESIDENT (If other title, see instructions.)	58. SIGNED: <u>William D. Pfeiffer</u>	TREASURER (If other title, see instructions.)
<u>2/20/05</u> (570) 829-5557	Date Telephone Number	<u>2/14/05</u> (570) 961-2179	Date Telephone Number

During the Reporting Period Did Your Organization:

- | | | |
|--|-------------------------------------|-------------------------------------|
| | Yes | No |
| 10. Have a "subsidiary organization" as defined in Section X of the instructions? | | <input checked="" type="checkbox"/> |
| 11. Create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries? | | <input checked="" type="checkbox"/> |
| 12. Have a political action committee (PAC) fund? | | <input checked="" type="checkbox"/> |
| 13. Acquire or dispose of any goods or property in any manner other than by purchase or sale? | | <input checked="" type="checkbox"/> |
| 14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative? | <input checked="" type="checkbox"/> | |
| 15. Discover any loss or shortage of funds or other property? | | <input checked="" type="checkbox"/> |
| <i>(Answer "Yes" even if there has been repayment or recovery.)</i> | | |
| 16. Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or more as an officer or employee of another labor organization or of an employee benefit plan? | | <input checked="" type="checkbox"/> |
| 17. Pay any employee salary, allowances, and other expenses which, together with any payments from affiliates, totaled more than \$10,000? | | <input checked="" type="checkbox"/> |
| 18. Have loans totaling more than \$250 to any officer, employee, or member, or make any loans to a business enterprise? | | <input checked="" type="checkbox"/> |

(If the answer to any of the above questions is "Yes," provide details in Item 56 on page 1 as explained in the instructions for each item.)

19. How many members did your organization have at the end of the reporting period? 97
20. What is the maximum amount recoverable under your organization's fidelity bond for a loss caused by any officer or employee of your organization? \$ 7500
21. During the reporting period, did your organization have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/procedures listed in the instructions?
- | | | |
|--|-----|-------------------------------------|
| | Yes | No |
| <i>(If the constitution and bylaws have changed, attach two new dated copies. If practices/procedures have changed, see the instructions.)</i> | | <input checked="" type="checkbox"/> |
22. What is the date of your organization's next regular election of officers? MO 10 YEAR 2005
23. What are your organization's rates of dues and fees?
(Enter a minimum and maximum if more than one rate applies for any line.)

Rates of Dues and Fees	
(a) Regular Dues/Fees	\$ <u>30.00</u> per <u>MONTH</u> <small>(Month, Year, etc.)</small>
(b) Initiation Fees	\$ <u>30.00</u>
(c) Transfer Fees	\$ <u>0</u>
(d) Work Permits	\$ <u>0</u> per _____ <small>(Month, Year, etc.)</small>

24. ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

Enter Amounts in Dollars Only — Do Not Enter Cents

FILE NUMBER: 505-312

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Status (C)*	Gross Salary (before taxes and other deductions) (D)	Allowances and Other Disbursements (E)	Total (F)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>					
1. GALLAGHER Title PRESIDENT	CLARENCE Status C		1740	420	2160
2. PFEIFFER Title TREASURER	WILLIAM Status C		1080	720	1800
3. ZIKOWSKI Title SECRETARY	DANIEL Status C		660	420	1080
4.					
5.					
6.					
7.					
8. Totals from additional pages (if any)					
9. Totals of Lines 1 through 8			3480	1560	5040
10. Less Deductions					987
Enter the Total from Line 11 in Item 45 ⇨					4053

*Code for Status (C): past officer — P; continuing officer — C; new officer during the reporting period — N.

(If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 56 on page 1.)

Enter Amounts in Dollars Only — Do Not Enter Cents

FILE NUMBER: 505-312

STATEMENT A ASSETS AND LIABILITIES	ASSETS		LIABILITIES			
	Item	Start of Reporting Period (A)	End of Reporting Period (B)	Item	Start of Reporting Period (C)	End of Reporting Period (D)
	25. Cash	19291	25554	32. Accounts Payable	0	0
	26. Loans Receivable	0	0	33. Loans Payable	0	0
	27. U.S. Treasury Securities	0	0	34. Mortgages Payable	0	0
	28. Investments	0	0	35. Other Liabilities	237	247
	29. Fixed Assets	0	0	36. TOTAL LIABILITIES	237	247
	30. Other Assets	0	0			
	31. TOTAL ASSETS	19291	25554	37. NET ASSETS (Item 31 less Item 36)	19054	25307

STATEMENT B RECEIPTS AND DISBURSEMENTS	CASH RECEIPTS		CASH DISBURSEMENTS	
	Item	AMOUNT	Item	AMOUNT
	38. Dues	35280	45. To Officers (from Item 24)	4053
	39. Per Capita Tax	0	46. To Employees (less deductions)	2499
	40. Fees, Fines, Assessments & Work Permits	0	47. Per Capita Tax	9766
	41. Interest & Dividends	45	48. Office & Administrative Expense	281
	42. Sale of Investments & Fixed Assets	0	49. Professional Fees	8751
	43. Other Receipts	245	50. Benefits	0
	44. TOTAL RECEIPTS	35570	51. Contributions, Gifts & Grants	0
<p>If total receipts reported in Item 44 are \$200,000 or more, your organization must file Form LM-2 instead of this form.</p>			52. Purchase of Investments & Fixed Assets	0
			53. Loans Made	0
			54. Other Disbursements	3957
			55. TOTAL DISBURSEMENTS	29307